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Country programme recommendation**

Sudan

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Sudan for the period 2002 to 2006 in the amount of $23,690,000 regular resources, subject to the availability of funds, and $25,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. New findings in the situation of children and women in Sudan have emerged since the submission of the country note to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.46). The results of two major national surveys have now been released: the multiple indicator cluster survey (MICS 2000) supported by UNICEF and the World Bank; and the Safe Motherhood Survey (SMS 1999) supported by the United Nations Population Fund (UNFPA). MICS 2000 showed large geographical disparities between the States for most indicators. SMS 1999 estimates of the infant and under-five mortality rates (IMR and U5MR) show improvement from 1993 census results. From 1993 to 1999, IMR dropped from 110 to 82 per 1,000 live births and U5MR from 145 to 132. Both data sources used the indirect method. All survey results relate to the northern States and Government-controlled areas in the south.

2. SMS 1999 estimates place the maternal mortality ratio at 509 per 100,000 live births, down from 556 reported by the Sudan Demographic and Health Survey in 1990. Some 40 per cent of deliveries are not attended by trained health personnel, and 56 per cent of mothers are not protected against tetanus (MICS 2000). Anaemia rates among women of reproductive age are high (33 and 95 per cent, respectively, in West Kordofan and North Darfur States). Sexually transmitted diseases and female genital mutilation (FGM) pose other risks for women's health. About 9 in 10 women suffer from FGM. HIV/AIDS is emerging as a serious problem, with a cumulative total of 3,143 reported AIDS cases in 2000 (up from 1,562 in 1996). Seroprevalence is 1.5 per cent among blood donors, and much higher among refugees in the east. Some 75 per cent of women of child-bearing age do not know how to protect themselves against HIV/AIDS. Some 51 per cent of women are illiterate.

3. Malaria, acute respiratory infections (ARI) and diarrhoeal diseases, combined with malnutrition, are the leading causes of death among children under five years old. MICS 2000 shows ARI and diarrhoea prevalence rates of 17 and 28 per cent, respectively, among children under five years old nationwide, but diarrhoea prevalence in some States goes up to 40 per cent. The malaria prevalence rate among children under five years old is 23 per cent in the north and 37 per cent in the southern towns of Juba, Wau and Malakal. Vaccine-preventable diseases remain a threat. MICS 2000 showed coverage for combined diphtheria/pertussis/tetanus vaccine at 40 per cent nationwide, but with large subnational disparities: 70 per cent in Khartoum State and 8 per cent in West Darfur. The intensive polio eradication efforts have shown some success; in 2000, only four cases of wild polio virus were confirmed.

4. The child malnutrition rate is 19 per cent nationally, but reaches over 50 per cent in some crisis or conflict zones. Some 30 per cent of newborn babies in the North have low birth weight, indicating the poor nutritional status of mothers. The consumption of iodized salt is negligible. Fifty-six per cent of children 6-59 months old did not receive vitamin A supplements in the six months preceding MICS 2000.

5. MICS 2000 indicates that about 47 and 73 per cent of people living in rural and urban areas, respectively, use improved water sources; and 47 and 76 per cent of rural and urban populations, respectively, have access to adequate sanitation. Scarce water resources in certain States have led to conflict among some users. Substantial

advances have been made in tackling guinea worm disease (55,515 reported cases in 2000, down by 50 per cent from 1999); however, this still represents 73 per cent of the world's reported cases of guinea worm disease.

6. MICS 2000 results show that 47 and 50 per cent of school-aged girls and boys, respectively, in the northern States attend primary school. This indicator varies widely between States (78 per cent for girls and 75 per cent for boys in River Nile State, against 23 per cent for girls and 26 per cent for boys in South Darfur). Thus, gender disparities are much smaller than geographic disparities. The learning environment is often poor in many rural schools due to shortages of well-qualified teachers and learning/teaching materials.

7. Achieving sustained improvements in the situation of children and women will be closely linked to ending the conflict in Sudan. While progress has been made on the issue of the abduction of children and women, more efforts are required at all levels. Floods, famine and droughts are other threats to children's well-being. One consequence of the conflict and drought is the estimated 4 million internally displaced persons (IDPs), mainly children and women, who are vulnerable to exploitation, abuse and conflict with the law.

Programme cooperation, 1997-2001

8. Between 1997 and 2000, UNICEF provided close to $70 million from regular resources and specific-purpose contributions. A difficult programming environment and the conflict constrained assessment of goal achievement on a nationwide scale. None the less, as reported in the country note, UNICEF-supported interventions contributed to positive outcomes for children in specific geographic areas and for the most vulnerable groups.

9. The rights, protection and peace-building programme laid the groundwork for peace-building efforts, underpinning the whole country programme. UNICEF service delivery interventions at the community level and its advocacy for the rights of children lent credibility to its grass-roots peace-building efforts, which included inter-tribal reconciliation conferences and training for tribal and women leaders. A study in 2000 analysing a major inter-community conflict led to support for a community-led peace initiative in 2001. The programme also supported two important initiatives on eradicating child abduction. The Government's Committee for the Eradication of Abduction of Women and Children was supported in identifying and retrieving abducted children and women, and reuniting them (651 persons so far) with their families. The Humanitarian Aid Commission was supported in retrieving children abducted by the Lord's Resistance Army (LRA). The programme also supported the harmonization of laws with the Convention on the Rights of the Child, which led to the banning of corporal punishment in schools, the raising of the conscription age to 18 years, and the drafting of two laws on the right to health and education. Support was provided to a national debate on the ratification of the Convention on the Elimination of All Forms of Discrimination against Women; the training of judges, lawyers, and staff from government, non-governmental organization (NGO), universities and law enforcement agencies on human rights, humanitarian principles and gender issues; and training to combat FGM.

10. The health and nutrition programme focused on the expanded programme on immunization (EPI), polio eradication and control of the major childhood illnesses. However, national EPI coverage declined due to weaknesses in the cold-chain and logistics systems, inadequate staffing and low government budget. National Immunization Days reached over 5 million children during each round, but missed a substantial number of children due to denied access and the conflict. Working through NGOs, UNICEF has been the main provider of essential drugs for IDPs. UNICEF contributed to reducing the incidence of malaria by 41 per cent in a pilot area in Upper Nile State, and to strengthening the health system through training and expansion of the Integrated Management of Childhood Illness (IMCI) Initiative to four States. UNICEF also assisted in containing numerous disease epidemics. Over 10 million people were vaccinated against meningitis in 1999. Vitamin A was provided with all immunization interventions. Growth monitoring systems were established at health facilities. Through interventions funded by Operation Lifeline Sudan (OLS), the programme provided seeds, tools and fishing equipment to over 200,000 families, and supported the vaccination of 2 million head of cattle against Rinderpest and the training of more than 800 community workers in animal health issues.

11. Implementation of the water and environmental sanitation (WES) programme relied on the participation of and financial contributions from Federal and State Governments, local councils and communities. Thus, the programme was able to provide improved access to safe drinking water for some 2 million people. Over 12,000 handpumps were installed or rehabilitated, and 60,000 household, school and community latrines were constructed. Over 1,200 gender-balanced village health committees were formed, and 12,000 people were trained in hygiene and health education. Support for the eradication of guinea worm disease led to a substantial reduction in the number of reported cases.

12. The basic education programme established 220 nomadic schools and provided access for some 20,000 nomadic children (35 per cent girls) to basic education. With OLS funding, UNICEF also established 400 classrooms in conflict areas, providing access to and promoting retention for some 300,000 children. Basic education was also provided for about 2,000 out-of-school adolescents in 10 pilot States. UNICEF supported the training of 55,000 teachers and helped to strengthen educational planning and information management systems.

13. The Child-Friendly Village Initiative (CFVI), an area-based programme, expanded its coverage from 20 villages in 1993 to 450 villages in 2001, covering close to 1 million people in eight States. Vaccination coverage in all CFVI villages exceeds 80 per cent; in over one half of the villages, coverage was sustained at 100 per cent. All villages have access to a midwife or a trained traditional birth attendant. Average enrolment rates in CFVI villages reached 80 per cent compared to the national average of 48 per cent. Access to safe drinking water is 78 per cent against a national rural rate of 47 per cent. As a result of the success of CFVI, over 50 non-project villages have replicated the same approach on their own.

14. The information, communication and advocacy programme promoted the participation of children and adolescents in their own development. Children in some northern States were able to dramatize formerly taboo subjects, such as FGM. Youth groups have become strong allies in promoting public education on HIV/AIDS. A Children's Parliament and National Youth Forum in 2000, supported in collaboration with the National Council for Child Welfare, provided opportunities for children and youth to contribute to the national dialogue on peace, and to discuss issues linked to their basic survival, development and protection rights.

15. The planning, monitoring and evaluation programme established monitoring and evaluation systems, and developed an Integrated Monitoring, Evaluation and Research Plan (IMERP) for the programme. Through IMERP, numerous data collection efforts were supported, among them MICS 2000, and databases were established. Counterpart staff were trained at national and local levels, and planning units were strengthened in conflict-affected States.

Lessons learned from past cooperation

16. Programme interventions will not be effective or sustainable without a framework for building peace and fulfilling children's rights. Therefore, the overarching principles of the UNICEF cooperation programme should be the promotion of peace and the realization of children's and women's rights.

17. A review of the 1997-2001 country programme shows a clear need for more programmatic and geographic focus. Often, programmes replicated the government's vertical or pilot initiatives. Consequently, the country programme became spread too thinly, which significantly reduced the impact of interventions to help children and women. The selection of individual areas and communities should have been based on clearer criteria.

18. The different sectoral objectives were not sufficiently clear, and did not sufficiently take into account the conflict and emergency scenario against which all interventions had to take place. Therefore, the structure and content of programmes and projects will need to be adapted to the reality of the situation, within the constraints of available resources. Regular and emergency programmes were separated in the previous cycle. This reduced programme effectiveness and efficiency. Therefore, future emergency components should be woven into one country programme, which will then be the sole vehicle for all UNICEF assistance.

19. The country programme necessarily had a large component of service delivery, which will continue in light of the humanitarian needs. Greater attention, however, will need to be given to building capacities at the local level, and focusing advocacy and communication interventions more on peace-building and behavioural change.

Recommended programme cooperation, 2002-2006

Regular resources: $23,690,000

Other resources: $25,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources[b]*	*Total*
Rights, protection and peace-building	3 209	1 700	4 909
Communication and advocacy	2 261	1 200	3 461
Health and nutrition	4 907	10 690	15 597
Water and environmental sanitation	4 108	4 840	8 948
Basic education	4 246	5 000	9 246
Planning, research, monitoring and evaluation	3 209	1 570	4 779
Cross-sectoral costs	1 750	-	1 750
Total	**23 690**	**25 000**	**48 690**

[a] The breakdown for estimated yearly expenditures is given in table 3.

[b] Additional funding is expected through the United Nations Consolidated Appeal Process (CAP). The Field Operations Section in the Sudan country office, responsible for logistics and supervision of sub-offices, will be funded through CAP.

Country programme preparation process

20. The Ministry of Finance and National Economy and the Presidential Adviser on Woman and Child Affairs coordinated the preparation of the strategy paper for the 2002-2006 country programme. UNICEF and line ministries developed the sectoral strategies, which were then discussed and approved at a strategy meeting co-hosted and chaired by the Minister of Finance and the Presidential Adviser, and attended by representatives of the Government, United Nations agencies, NGOs and the donor community. Using the strategy paper, UNICEF and the Government developed the 2002-2006 country programme. The Ministry of Finance and National Economy, and subsequently the Ministry of International Cooperation, coordinated the development of the master plan of operations and programme plans of operation. A preview meeting was held with the Government in April 2001.

21. The Common Country Assessment is currently under preparation, with UNICEF playing an active role. MICS 2000 results are being used in this process. This will be followed by a United Nations Development Assistance Framework.

Country programme goals and objectives

22. The overall goal of the new country programme is to assist the Government in its obligation, as set out under the Convention on the Rights of the Child, to protect and promote the rights of children to survival, development, protection and participation. Thus, the programme will aim to reduce child mortality, morbidity and

malnutrition; promote the protection of the most vulnerable groups; and develop a peaceful environment conducive to the realization of children's and women's rights.

Relation to national and international priorities

23. The programme identifies with the national priorities for children and women outlined in the Government's National Plan of Action and National Comprehensive Strategy. Equally, it builds on the renewed commitment of the Government to prioritize social services. It will support the emerging Government policy of poverty alleviation through investment in the social sector. It will also be in line with the current strategies of the World Bank and major donors for Sudan, which emphasize the reciprocal effects of malnutrition and poverty. The strategic thrust of the UNICEF-supported country programme is guided by the Convention on the Rights of the Child. The country programme also takes into account the need for a certain degree of continuity with the previous cycle in order to consolidate gains, make full use of lessons learned and avoid disruptions in addressing priorities that are still relevant.

Programme strategy

24. The programme strategies remain essentially the same as described in the country note. There will be four strategic thrusts. First, child rights and peace-building will form the normative framework for all interventions. This means that all components of the programme will provide a base for protecting child rights, promoting conflict resolution and grass-roots peace-building. Examples include the selection of intervention communities with a view to furthering rights protection and peace promotion; education and information activities in support of these priorities; and strong national partnerships and alliances across all sectors in support of children's and women's rights.

25. Second, the programme will support key national programmes and policies that can bring about sustainable improvements to the lives of children and women. This will be carried out through technical and supply inputs, capacity-building and advocacy. Public education and information will also play a key role.

26. Third, sectoral field interventions and community-based initiatives will converge on the most disadvantaged States and communities. Fourteen key indicators from MICS 2000 and SMS 1999 have been used to select nine "focus States" as the most vulnerable. These are, in order of descending social indicators: South Kordofan, North Darfur, South Darfur, North Kordofan, Al Gadarif, Kassala, West Kordofan, Blue Nile, and West Darfur. In addition, the country programme will continue to operate in the towns of Juba, Wau, Malakal and other accessible communities in the Government-controlled south. All interventions within these focus States and communities will contribute to building capacities at State and local levels, covering a total population of some 13.5 million. In a second tier process of selection, needy communities where specific interventions are likely to support peace-building and rights protection will be chosen for implementation of the Child-Friendly Community Initiative (CFCI). Information available at the State level, such as that in the State Encyclopaedia, will be used to assess the needs in such communities.

27. Fourth, each programme will develop a high degree of emergency preparedness through maintaining plans for rapid response to acute emergencies. To ensure optimal utilization of resources, donor contributions for emergency situations will be allocated within a consolidated country programme which has been planned to cope with such situations. Each of the sectoral programmes will maintain the capacity for rapid response to emergencies with essential supplies and services.

28. Underpinning these four major thrusts will be a strong component of behaviour change communication. Other cross-cutting themes, which will be addressed systematically by all parts of the country programme, are gender, youth participation and HIV/AIDS.

29. **Rights, protection and peace-building**. This programme will have the overall goal of promoting grass-roots peace-building and respect of children's rights and humanitarian laws protecting children and women. The first project on peace-building will be based on the premise that parties in dispute have to find peace in their interest. Support will be provided to identify problems through action-oriented research; work with authorities at all levels to find sustainable solutions for reducing second-tier conflicts; facilitate community-led peace initiatives to resolve grievances and improve relations; and encourage local and national ownership of the peace process through networks and partnerships. Mobilization and training of local women's groups and youth groups will play a key role.

30. The second project on rights promotion will continue to support training on human rights and humanitarian principles, and the harmonization of laws with international instruments. The third project for children in need of special protection will continue to assist abducted children, children from IDP communities and children in conflict with the law. It will build institutional capacity to address juvenile justice issues, especially those affecting children from IDP communities. Support will be given to locating and retrieving abducted children, demobilizing child members and women members of the LRA, and protecting the rights of children from IDP groups. The fourth project on women's empowerment will contribute to developing sound gender policies and programmes, raising public awareness and reducing FGM.

31. **Communication and advocacy**. This programme, which will employ behaviour change communication strategies, will contribute to building a peaceful and enabling environment conducive to the fulfilment of children's and women's rights. The public education project will raise awareness of children's and women's rights nationwide, and promote broader-based support for implementation of the Convention on the Rights of the Child. The partnerships project will build and strengthen partnerships at international, national, State and community levels through support to networks of youth and groups to promote children's and women's rights. The community mobilization project will focus on selected CFCI communities and focus States to promote appropriate care for young children (including nutrition, immunization, environmental sanitation and hygiene); create a demand for primary education; increase HIV/AIDS awareness; and promote peace and tolerance for cultural diversity.

32. **Health and nutrition**. This programme will comprise three projects. The EPI project will have nationwide coverage and aims to eradicate polio; achieve and maintain 90 per cent immunization coverage for the Government-controlled parts of the country; and reduce maternal and neonatal tetanus to less than 1 case per 1,000

live births. The project will introduce new vaccines (Hepatitis B, Haemophilus Influenza type b vaccine). Collaboration will be strengthened with partners such as the Global Alliance for Vaccines and Immunization (GAVI), the World Health Organization (WHO), Rotary and Polio Plus.

33. The integrated child and maternal health project will support national programmes on malaria and HIV/AIDS through technical support, advocacy and communication, and targeted supply delivery. At the subnational level, the project will ensure access for 80 per cent of children under five years old in focus States to integrated "minimum care" packages of essential health and nutrition interventions, and access for 80 per cent of women of reproductive age in the same States to essential obstetrical care services. This will be carried out through applying the IMCI approach, building capacities at State and local levels, providing essential supplies, and mobilizing and educating communities.

34. The healthy growth and nutrition project will support government programmes to reduce micronutrient deficiencies at the national level. In particular, it will aim to achieve 80 per cent use of iodized salt and ensure vitamin A supplementation in EPI activities. In focus States, the project will aim to reduce maternal and child malnutrition by 50 per cent through community-based interventions, and ensure 80 per cent iron supplementation for pregnant women. All of the programme's community-based interventions will be intensified in CFCI communities. All training and sensitization activities will incorporate awareness-raising on HIV/AIDS and gender.

35. **WES**. This programme comprises three projects. The safe drinking water project and the sanitation project will assist in providing some 2 million people and IDP communities in focus States with safe drinking water and sanitary means of excreta disposal. Within these focus States, priority will be given to CFCI communities, which will include areas where competition over water resources may lead to conflict. The water project will promote appropriate technology in water supply systems, and will prioritize the operation, maintenance and rehabilitation of existing schemes over the installation of new ones. The selection and training of village health committees will emphasize gender equality and the participation of youth and women groups in maintenance and management. Cost-recovery strategies will be promoted.

36. The sanitation project will carry out hygiene education as the main thrust through community organizations, and youth and women's groups. It will also build demonstration latrines, with a view to replication by community groups, local authorities and other donors. At the national level, UNICEF will promote policies and strategies to replicate the approaches implemented in the focus States.

37. The third project on guinea worm eradication will contribute to the elimination of guinea worm disease in accessible endemic communities, covering a total of some 4,761 villages or an estimated population of over 2 million. More specifically, the project aims to increase access to safe drinking water (from 49 to 100 per cent) in these endemic communities, and to support guinea worm surveillance and reporting. Links with other programmes will be strengthened through the use of WES communication channels (e.g. village committees) to raise the awareness of stakeholders on other programme priorities such as HIV/AIDS and gender.

38. **Basic education**. This programme will contribute to increasing access to education and retention and comprises three projects. At the national level, the policy support project will promote policy and strategies in favour of education for disadvantaged groups, retention in primary schools, and expansion of the basic education curriculum to include life skills, peace-building and tolerance.

39. The nomadic children's education project aims to increase school enrolment in nomadic communities from 15 and 10 per cent, respectively, for boys and girls to 25 per cent (representing some 120,000 beneficiaries). This will be achieved through continuing support to basic infrastructure for nomadic schools, providing teaching/learning materials and addressing issues of teachers' training.

40. The third project on access, retention and quality will be limited to focus States. It will aim to increase the gross enrolment rate by 25 per cent and improve retention and completion rates by 40 per cent in each focus States. This will be achieved through encouraging greater involvement of parents and communities in schools, adapting the curricula to local situations, providing teaching/learning materials, and supporting the rehabilitation of schools and training of teachers in the focus States. Community-based activities will be intensified in the CFCI communities. The project will also provide youth in CFCI communities with alternative education opportunities. Information materials on HIV/AIDS will be disseminated through schools and other channels in the programme.

41. **Planning, research, monitoring and evaluation**. This programme will comprise two projects. The CFCI project, which will cover 45 per cent of the population in the focus States, will be the platform for community empowerment and the integration of interventions within the country programme. It aims to improve the situation of vulnerable communities, as measured by indicators for nutrition, immunization, school enrolment and access to safe drinking water; and to involve the communities themselves in actions needed for this improvement. The project will support the organization of CFCI communities around a process of participatory planning, monitoring and evaluation, and the active participation of women and youth in these processes. The project will also play a coordination role in relation to sectoral interventions supported by UNICEF, and will become the repository of information on all interventions and actors, including other donors, in the CFCI areas.

42. The second project will improve the availability of updated and disaggregated data, and present these in the form of a rolling situation analysis, and a database on Sudan's women and children. The project will improve capacities at the State level to develop, implement, monitor and evaluate annual plans of action. It will also ensure the production of updated risk analysis maps.

43. **Cross-sectoral costs** will mainly support the supply, logistics and field operations components of the programme, including some staff costs.

Monitoring and evaluation

44. The integrated monitoring and evaluation plan and programme/project logical frameworks will be the principal tools for monitoring and evaluation. Indicators for assessing progress towards programme and project objectives will be monitored regularly. The main indicators to measure the progress of the country programme

will include those used for selecting the focus States and CFCI communities. Youth and community participation will be promoted in assessing the impact of programme design and implementation. Annual reviews, a mid-term review in 2004 and selected evaluations will be conducted to measure results. While MICS 2000 has provided much of the baseline data needed, other information will have to be collected in 2001 and 2002.

Collaboration with partners

45. Existing partnerships with bilateral and multilateral agencies will be strengthened through periodic consultations and joint field visits. Bilateral partners that are expected to assist in raising other resources include: the Governments of Canada (education, gender, CFCI), the Netherlands (education) and Japan (child health); the European Union (emergency response, human rights); and the United States Agency for International Development, the Centers for Disease Control and Prevention (United States) and the Rotary Club (health, polio eradication). Links with UNICEF National Committees will be strengthened, and support is also expected from GAVI and the United Nations Foundation. The Carter Center will continue to be a partner in combating guinea worm disease (through Global 2000), and addressing child abduction issues.

46. In advocacy and human rights promotion, UNICEF will work closely with civil society organizations (CSOs) active in child rights. Partnerships already established with CSOs and NGOs will be strengthened. UNICEF will also expand its collaboration with National Committees, UNICEF Goodwill Ambassadors and international child rights advocates. Collaboration with other United Nations organizations, especially UNFPA, WHO, the Food and Agriculture Organization of the United Nations and the World Food Programme, and the World Bank is expected to be strengthened further, particularly through the focus of all partners on poverty alleviation.

Programme management

47. The Ministry of International Cooperation is responsible for overall programme coordination. Responsibility for programme management rests with the heads of government ministries (Federal Ministries of Health, Education, Justice, Social Welfare, Irrigation and Water Resources, Finance and National Economy). Project execution will be through sectoral State ministries and, where appropriate, NGOs. Heads of government units, in collaboration with UNICEF, will have direct responsibility for planning, implementing and monitoring project activities. Within UNICEF, appropriate mechanisms for coordination and management will be set up to optimize the relation between the CFCI and the sectoral programmes, and to ensure the timely availability of essential information for decision-making.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Sudan	(1999 and earlier years)	UNICEF country classification
Under-five mortality rate	108	(2000) High U5MR
Infant mortality rate	66	(2000) High IMR
GNP per capita	$ 330	(1999) Low Income
Total population	28.9 million	(1999)

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	694	826	959	1090
Infant deaths (under 1)	(thousands)	72	71	72	72
Under-five deaths	(thousands)	119	117	118	118
Under-five mortality rate (per 1,000 live births)		172	142	123	108
Infant mortality rate (under 1) (per 1,000 live births)		104	86	75	66

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	34	17
(% weight for age, 1992-93/1995)	Severe	11	7
Babies with low birth weight (%, 1985)		15	..
Primary school children reaching grade 5 (%, 1990/1998)		94	76

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1989)	14	..
Timely complementary feeding rate (6-9 mos.) (%, 1989)	45	..
Continued breast-feeding rate (20-23 mos.) (%, 1989)	44	..
Prevalence of wasting (0-59 mos.) (%, 1992-93)	13	..
Prevalence of stunting (0-59 mos.) (%, 1992-93)	33	..
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	79
Household consuming iodized salt (%, 1996)	..	0.4

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1995)		..	31
Routine EPI vaccines financed by government (%, 1999)		..	25
Use of improved drinking water sources	Total	67	75
(% of population, 1990/2000)	Urban/rural	86/60	86/69
Use of improved sanitation facilities	Total	58	62
(% of population, 1990/2000)	Urban/rural	87/48	87/48
Births attended by trained personnel (%, 1988-93)		86	..
Maternal mortality rate (per 100,000 live births, 1989)		550	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	3	12	77	63	65
	DPT	1	8	62	48	50
	Polio	1	8	62	48	50
	Measles	1	6	57	51	53
Pregnant women (%) immunized against:	Tetanus	2	3	35	25	41

TABLE 1 (continued)

Sudan

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1990/1998)	Total	19/40	46/40
	Male	24/43	48/43
	Female	14/37	43/37
Secondary enrolment ratio (gross/net) (%, 1990/1996)	Total	23/..	20/..
	Male	25/..	21/..
	Female	20/..	19/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	45	57
	Male/female	59/ 31	68/ 46
Radio/television sets (per 1,000 population, 1990/1997)		261/ 75	272/ 86

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	14428	19316	24818	30423	31095
Population aged 0-18 years	(thousands)	7256	9791	12121	14233	14478
Population aged 0-5 years	(thousands)	2626	3348	3965	4669	4728
Urban population (% of total)		15.7	19.3	25.8	33.5	34.3
Life expectancy at birth (years)	Total	43	48	52	56	56
	Male	41	47	51	54	55
	Female	44	49	53	57	57
Total fertility rate		6.7	6.2	5.5	4.8	4.7
Crude birth rate (per 1,000 population)		48	43	39	36	35
Crude death rate (per 1,000 population)		22	17	14	12	12

		About 1990	Most recent
Contraceptive prevalence rate (%, 1990/1993)		9	8
Population annual growth rate (%, 1970-90/1990-99)	Total	2.8	2.0
	Urban	5.2	5.2

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-88/1990-99)		-1.8	3.7
Inflation rate (%, 1980-88/1990-980)		34	74
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure, 1980)	Health/education	1/10	../..
	Defense	13	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	6/ 4	../..
Official development assistance: (1990/1998)	$US millions	768	209
	As % of GNP	..	3
Debt service (% of goods and services exports, 1990/1997)		4	0

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: SUDAN
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 21,850,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	2,914	4,555	181	8	1,014	112	2,634	244	6,743	7,750	4,919	10,250	11,662	18,000
Water supply and sanitation	1,167	448	58	3	760	153	1,175	529	3,160	4,295	1,133	8,000	4,293	12,295
Basic education	318	474	549	219	647	57	723	485	2,237	2,660	1,235	2,000	3,472	4,660
Area-based services	49	179	123	121	195	36	432	101	799	1,290	437	3,000	1,236	4,290
Advocacy, planning and evaluation	463	7	84	122	2,182	19	973	886	3,702	4,870	1,034	750	4,736	5,620
Child protection	0	0	0	0	0	0	0	20	0	985	20	1,000	20	1,985
GRAND TOTAL	**4,911**	**5,663**	**995**	**473**	**4,798**	**377**	**5,937**	**2,265**	**16,641**	**21,850**	**8,778**	**25,000**	**25,419**	**46,850**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: SUDAN
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH AND NUTRITION	RR	982,000	981,000	982,000	981,000	981,000	4,907,000
	OR	2,138,000	2,138,000	2,138,000	2,138,000	2,138,000	10,690,000
	TOTAL	3,120,000	3,119,000	3,120,000	3,119,000	3,119,000	15,597,000
WATER & ENVIRONMENTAL SANITATION	RR	822,000	821,000	822,000	822,000	821,000	4,108,000
	OR	968,000	968,000	968,000	968,000	968,000	4,840,000
	TOTAL	1,790,000	1,789,000	1,790,000	1,790,000	1,789,000	8,948,000
BASIC EDUCATION	RR	850,000	849,000	849,000	849,000	849,000	4,246,000
	OR	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	TOTAL	1,850,000	1,849,000	1,849,000	1,849,000	1,849,000	9,246,000
RIGHTS,PROTECTION AND PEACE BUILDIN	RR	642,000	642,000	641,000	642,000	642,000	3,209,000
	OR	340,000	340,000	340,000	340,000	340,000	1,700,000
	TOTAL	982,000	982,000	981,000	982,000	982,000	4,909,000
PLAN., RESEARCH, MONIT. & EVAL.	RR	642,000	642,000	641,000	642,000	642,000	3,209,000
	OR	314,000	314,000	314,000	314,000	314,000	1,570,000
	TOTAL	956,000	956,000	955,000	956,000	956,000	4,779,000
COMMUNICATION AND ADVOCACY	RR	452,000	453,000	452,000	452,000	452,000	2,261,000
	OR	240,000	240,000	240,000	240,000	240,000	1,200,000
	TOTAL	692,000	693,000	692,000	692,000	692,000	3,461,000
CROSS-SECTORAL COSTS	RR	340,000	352,000	353,000	352,000	353,000	1,750,000
	OR						
	TOTAL	340,000	352,000	353,000	352,000	353,000	1,750,000
TOTAL, PROGRAMME BUDGET	RR	4,730,000	4,740,000	4,740,000	4,740,000	4,740,000	23,690,000
	OR	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000
	TOTAL	9,730,000	9,740,000	9,740,000	9,740,000	9,740,000	48,690,000
STAFF COSTS a/		912,574	954,113	989,921	1,026,521	1,042,040	4,925,169
GENERAL OPERATING COSTS		673,700	773,357	809,884	848,245	850,923	3,956,109
TOTAL, ESTIMATE SUPPORT BUDGET		1,586,274	1,727,470	1,799,805	1,874,766	1,892,963	8,881,278
GRAND TOTAL		11,316,274	11,467,470	11,539,805	11,614,766	11,632,963	57,571,278

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : SUDAN
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	4,907,000		4,907,000	0	0	1	0	0	1	2	3	5	10	1,659,039	880,452	2,539,491
WATER & ENVIRONMENTAL SANITATION	4,108,000		4,108,000	0	0	0	0	0	0	0	2	1	3	0	491,963	491,963
BASIC EDUCATION	4,246,000		4,246,000	0	0	0	1	0	0	1	2	2	5	943,468	537,914	1,481,382
RIGHTS,PROTECTION AND PEACE BUIL	3,209,000		3,209,000	0	0	0	1	0	0	1	0	0	1	943,468	0	943,468
PLAN., RESEARCH, MONIT. & EVAL.	3,209,000		3,209,000	0	0	0	0	0	0	0	1	7	10	0	1,036,896	1,036,896
COMMUNICATION AND ADVOCACY	2,261,000		2,261,000	0	0	0	1	0	0	1	1	0	2	943,468	150,709	1,094,177
CROSS-SECTORAL COSTS	1,750,000		1,750,000	0	0	0	1	0	0	1	1	6	8	943,468	603,113	1,546,581
TOTAL RR	23,690,000		23,690,000	0	0	1	4	0	1	6	12	21	39	5,432,911	3,701,047	9,133,958
OTHER RESOURCES :																
HEALTH AND NUTRITION		10,690,000	10,690,000	0	0	1	2	1	0	4	3	4	11	3,735,631	777,051	4,512,682
WATER & ENVIRONMENTAL SANITATION		4,840,000	4,840,000	0	0	0	0	1	0	1	2	9	12	786,036	950,758	1,736,794
BASIC EDUCATION		5,000,000	5,000,000	0	0	0	0	1	1	2	1	0	3	1,382,416	189,065	1,571,481
RIGHTS,PROTECTION AND PEACE BUIL		1,700,000	1,700,000	0	0	0	0	1	0	1	2	5	8	786,036	732,022	1,518,058
PLAN., RESEARCH, MONIT. & EVAL.		1,570,000	1,570,000	0	0	0	0	0	0	0	1	4	5	0	442,435	442,435
COMMUNICATION AND ADVOCACY		1,200,000	1,200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	1	1	0	37,838	37,838
TOTAL OR		25,000,000	25,000,000	0	0	1	2	4	1	8	9	23	40	6,690,119	3,129,169	9,819,288
TOTAL RR & OR	23,690,000	25,000,000	48,690,000	0	0	2	6	4	2	14	21	44	79	12,123,030	6,830,216	18,953,246
SUPPORT BUDGET	Operating costs		3,956,109													
	Staffing			0	1	1	1	0	0	3	3	11	17	3,240,868	1,684,301	4,925,169
GRAND TOTAL (RR + OR + SB)				0	1	3	7	4	2	17	24	55	96	15,363,898	8,514,517	23,878,415
Number of posts and staff costs:																
Current programme cycle										12	24	55	91			
At the end of proposed programme cycle (indicative only)										17	24	55	96	15,363,898	8,514,517	23,878,415

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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